## **Notice of Meeting**

To the parent(s) of	Date	
You are invited to a meeting to:		
□ Review evaluation / re-	evaluation data and cons	sider your student's eligibility for special education.
If student is determined to	be eligible, the team wi	ill also:
educational placement of		rogram (IEP) for your student, and consider the
□ Consider transition serv	rices. Your student is inv	vited to participate.
□ Discuss the educational	placement of your stude	ent.
□ Other		
The meeting is scheduled as follo	ows:	
Date	Time	Location
Participants we expect to be in at	tendance:	
□ LEA Representative		
□ Regular Education Teacher		
Name	Posi	tion / Agency
Name	Posi	tion / Agency
Name	Position / Agency	
Name	Posi	tion / Agency
Name	Position / Agency	
Name	Position / Agency	
<u>If any IEP team membe</u>	r will not be attending th	he IEP meeting, complete and attach the form
<u>"IEP</u>	' team member not attend	ding" prior to the meeting.
You may bring other individuals to do so or if this is not a conveni	ent time and place, pleas	special expertise regarding your student. If you plan se contact: